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Comments by Disability Rights Wisconsin on the
***Analysis of Adult Bed Capacity For Milwaukee County Behavioral Health System* Study**
Barbara Beckert, Milwaukee Office Director
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Disability Rights Wisconsin (DRW) is the federally mandated Protection and Advocacy Agency for the State of Wisconsin, charged with independently investigating instances of abuse and neglect in institutions. Our Milwaukee office is responsible for providing advocacy assistance to people with disabilities in southeastern Wisconsin. One of our highest priorities has been protecting the rights of people served at the Milwaukee County Mental Health Complex, including addressing neglect and abuse, and supporting the right of residents to live in the community with the services and supports needed to support their independence.

Thank you for the opportunity to comment on the ***Analysis of Adult Bed Capacity For Milwaukee County Behavioral Health System*** study. First, we commend Milwaukee County for commissioning and funding this study. The Milwaukee County Mental Health Board (MCMHB) was established with the mission of advancing a community-based, person-centered, recovery-oriented system that seeks to protect the personal liberties of individuals living with mental illnesses. To move forward with this system transformation, it will be essential to have current and comprehensive data about service utilization – including mental health and substance abuse services funded by Milwaukee County, as well as such services provided by the private sector to Milwaukee County residents. In addition to quantitative information as provided in this study, it is also essential to secure qualitative information from individuals receiving services and those who assist them (advocacy organizations as well as the client's circle of support) regarding access to services, barriers they may encounter, and the quality of their experience. Capacity in and of itself it not sufficient – we must also address quality.

Since the report was released to the public less than a week ago, and it is a lengthy report, our initial comments here are not comprehensive as we are still in the process of analyzing the report. Thank you for considering the initial comments:

Need for Analysis of Community Based Capacity
Reading this study reinforces the need for a similar study that comprehensively examines community based capacity – not only for outpatient services but for the full spectrum of services such as psycho social rehabilitation services, employment supports, case management, benefits counselling, peer support services, crisis services, and housing. If Milwaukee County is to achieve the goal we all share of transitioning to a community-based, person-centered, recovery-oriented system, and decrease reliance on institutional and crisis care, much more must be done to expand all community services. As noted in the Recommendations section of the report, "While we found that the County has expanded some community based services….the increase has not been sufficient to further decrease inpatient bed capacity at this time."

Milwaukee County has developed some positive initiatives to begin the expansion of community services and is to be commended for initiatives such as the Access Clinic, additional supportive housing, the new North side Crisis Resource Center which opened last month, the new south side peer drop in center which is expected to open very soon, an expansion in hours for the mobile crisis team, and progress on implementing an ACT model. The County is also to be commended for their additional investments to support community members who have a dual diagnosis of mental illness and a developmental disability. These include a specialized mobile crisis team and a new crisis resource center expected to open in 2015. State budget investments in CCS which has been approved for implementation in Milwaukee County also hold much potential for the future. Significant outreach will be key to ensuring that more

Milwaukee County residents receive mental health and substance abuse services that can provide an alternative to hospitalization and to crisis services.

However, the investments to date have been incremental and have just begin to address the tremendous unmet need - and have not shifted the paradigm to a community based system. For example, there continues to be a death of community service development on the north side of Milwaukee where many individuals with significant needs for these supports lived. With the exception of the Crisis Resource Center, recent initiatives such as the Access Clinic, peer drop in center, the Pathways to Independence Program, as well as other programs such as the Our Space Drop In center have been primarily on the south side of Milwaukee. The continuing high numbers at PCS, the county's psychiatric emergency room; as well the record number of people with mental health concerns at Milwaukee County emergency shelters clearly demonstrate the continuing unmet needs for community based mental health services and supports, including housing. In addition, there are waiting lists for Targeted Case Management (TCM), Community Services Program (CSP), county funded group homes, supportive housing, as well as HUD vouchers for subsidized housing. We cannot move forward with reform of our mental health system without significant improvements in access to housing.

One continued barrier is the challenge with allocating sufficient funding to support a major expansion of community services. The premise of system redesign was that **savings from downsizing at the Complex would help to fund a major expansion of community based mental health services and other supports such as housing.** This was the recommendation of the HSRI study, the Community Advisory Board, the Redesign Task Force, and the County Board resolution (RES 11-516) signed by the County Executive, **which directed that any savings from downsizing would be reinvested to allow for expanded community services**". To advance the expansion, it may be necessary to once again separate BHD community services and the community services budget, from the hospital and other institutional services. Director Colon had proposed this in 2013 for the 2014 budget with the intent of elevating the importance of community services and protecting community services funds, so they could not be tapped when the hospital and other institutional services run a deficit. We agreed with Director Colon's recommendation then and believe it is still a sound policy direction and urge the Mental Health Board to revisit it.

Specialized Services for People with a Developmental Disability and a Mental Illness
In reviewing capacity for inpatient psychiatric hospitalizations, it is important to address specialized needs, including those of people with other disabilities, in addition to a mental illness. As part of mental health redesign, Milwaukee County will be closing the Hilltop long term care facility located at the Mental Health Complex; the closing plan submitted to the state indicates a projected closure date of December 31, 2014. Hilltop residents are all individuals with a dual diagnosis: an intellectual or developmental disability and a mental illness. All are eligible for the state's Family Care program. DRW has strongly supported the closing of Hilltop and the right for residents to have a better life in the community, closer to family and friends. We support closure of Hilltop, as well as the Rehab Central nursing home, with the provision that this requires developing person centered, recovery oriented, comprehensive community services and homes to meet the needs of each resident, as well as continuing availability of inpatient and crisis facilities that can provide the specialized support that is needed when a crisis occurs.

The specialized needs of this population are briefly addressed in this study, including on page 31. The study tries to quantify the use of inpatient psychiatric beds by former residents of Hilltop and Rehab central. **We believe the broader question that needs to be addressed here is the overall need / utilization of psychiatric beds by Milwaukee County residents who have the dual diagnosis of an intellectual or developmental disability and a mental illness. The analysis should include but not be limited to residents of Hilltop.** There are many community members, in addition to former Hilltop

residents, who have this type of dual diagnosis and require specialized treatment, including staff who have expertise serving this population.

Currently the Observation Unit (Obs) at the Milwaukee Mental Health Complex has staff with significant expertise in serving this population. Patients with a dual diagnosis are often hospitalized at the Obs Unit for longer than the limited length of time associated with an Observation Unit. Data regarding utilization of Obs by this population should also be gathered to assist with capacity planning. Will Obs continue to serve this role? Do any of the private hospitals have expertise in this area and, if not, is there the potential to develop more capacity by partnering with BHD staff or other groups with expertise such as the Waisman Center at University of Wisconsin-Madison? Given the significant workforce challenges, we support the approach mentioned on page 32 for hospitals to consider a joint approach to meeting the skilled workforce needs - in this case to serve individuals who have a dual diagnosis of a mental illness and a developmental disability.

Another key resource for supporting former Hilltop residents (and others with a dual diagnosis) when a crisis occurs should be a Milwaukee County Crisis Resource Center (CRC) for individuals with an intellectual or developmental disability, originally proposed in the 2014 Milwaukee County budget. As Hilltop closes, the CRC has the potential to be a key resource to support individuals with intellectual disabilities and complex needs when they experience a crisis. The funding in the 2014 budget was not sufficient to support implementation of the CRC. Additional dollars have been added to the 2015 department budget request but may still fall short. The expected role of the CRC is to provide intensive, customized wraparound support and setting for stabilization when a crisis occurs in the community. The CRC is part of the continuum of supports that the County committed to, to support the closure of Hilltop. We commend Milwaukee County for their commitment to developing this specialized resource and strongly support it.

Another important support for individuals dually diagnosed with a mental illness and an intellectual or developmental disability, is a mobile crisis team that is available 24/7 and includes staff trained and experienced in working with this population is critical to avoiding unnecessary hospitalization. We commend Milwaukee County for funding this specialized team and recommend that the Mental Health Board request updates on the implementation and activities of this new team.

Finally, the best outcome would be to have limited need for acute beds by this population, as a result of receiving high quality community services. The Family Care Managed Care Organizations are responsible for funding and placement of Hilltop residents, as well as serving many other community members dually diagnosed with mental illness and developmental disability. It is essential for Family Care to develop highly skilled quality providers who can serve individuals with complex needs, including extremely challenging behaviors.

In addition, we urge that more Family Care members with significant mental health needs be provided with access to a Community Support Program (CSP) which is intended to be a wraparound coordinated care, treatment, and rehabilitation program. Although CSP can be a covered benefit under Family Care, it has traditionally been underutilized and relatively few Family Care members in Milwaukee County have been enrolled in CSP. Comprehensive Community Services (CCS) is another mental health benefit that will be covered by Family Care beginning in 2016 – but the jury is still out as to whether it will be widely available to those who may benefit. The adequacy and quality of mental health services in Family Care has the potential to have a major impact on the need for adult psychiatric inpatient beds and to limit situations such as the individual noted on page 31 who has been in acute care for 425 days.

IMD Exclusion
As Milwaukee County has debated transitioning to a community based mental health system and downsizing institutional care, one area of continuing discussion has been the impact of the so-called IMD exclusion, which is addressed in this report.

We would respectfully suggest that this section of the report would benefit from incorporating Wisconsin data to better quantify the current impact of the IMD exclusion in Milwaukee County. The vast majority of Wisconsinites enrolled in Medicaid are in Medicaid Managed Care. Health care systems (including BHD) who operate an IMD facility can and do contract with the Medicaid Managed Care HMOs and receive reimbursement for a very significant percentage of hospitalizations that would have previously been uncompensated, due to the IMD exclusion. A minority of patients hospitalized at IMDs are in fee for service Medicaid (sometimes called straight Title 19) and are impacted by the IMD exclusion.

To truly understand the impact of the IMD Exclusion in Wisconsin, we recommend that this report be amended to include data regarding individuals who are enrolled in Medicaid and have received service in an IMD, and assessing how many of these hospitalizations were compensated by a Medicaid HMO. Only with this data, can we understand the true scope of this concern, and how it should factor into any capacity planning. Any explorations of developing 16 bed units in order to gain reimbursement under the IMD exclusion, as suggested on page 43, are premature without having this data. Given that the vast majority of individuals are enrolled in Medicaid Managed Care, this may not be a major issue. When the IMD exclusion was raised previously in the 2010 HSRI report, it became a major focus for systems planning and a great deal of time and energy focused on discussion of transitioning to 16 bed units. We would urge not going down this road unless it is justified by analysis of additional data.

Planners Should Consider Quality of Care as well as Capacity
The focus of this report is on assessing adult bed capacity. In planning for future capacity, quality should also be a factor. One very important component of quality is access to needed medical care during a psychiatric hospitalization. This was part of the rationale for the IMD exclusion: the recognition that many people with serious and persistent mental illness also have significant co-occurring physical health concerns.

Despite high rates of serious physical health-related problems and premature death among people with serious mental illnesses, detection of physical health problems in this population is poor. Many of these physical health problems are very serious. The nationally recognized Bazelon Center has reported on the need for integrated care, and noted that numerous studies over the last 30 years have found high rates of physical health-related problems and death among individuals with serious mental illnesses. For example, as many as 75% of individuals with schizophrenia have been found to have high rates of serious physical illnesses, such as diabetes, respiratory, heart and/or bowel problems and high blood pressure. High rates were also seen for vision (93%), hearing (78%), and dental (60%) problems.

Concerns about adequate medical care were cited as a factor in four deaths that occurred in 2012 at the Milwaukee County Mental Health Complex, in a report by psychiatrist William Knoedler, commissioned by DRW. His review concluded that there were serious concerns with respect to the provision of medical care and treatment of patients on the acute care units of the Milwaukee County Mental Health Complex.

Given the significant and complex medical needs of many psychiatric patients and the difficulty of fully meeting these needs in an IMD, we would urge that the Mental Health Board and other stakeholders, explore opportunities to promote the development of psychiatric beds in non-IMD acute care settings where a continuum of medical services are available, including Froedtert Hospital, the only major hospital system in Milwaukee County which does not have any psychiatric beds. As an academic medical center, in partnership with MCW, the addition of psychiatric beds would be tremendously

beneficial for those patients requiring a psychiatric hospitalization who also have other significant medical conditions.

Next Steps

Although we fully support the goal of transitioning to community based system and decreasing reliance on inpatient, institutional, and crisis services, we are concerned that community expansion to date has **not** been sufficient to support decreases in inpatient beds. Section 6 of the study includes recommendations and several scenarios for moving forward. We are in the process of analyzing these options and may wish to follow up with some additional comments for your consideration. Thank you for your service on the Milwaukee County Mental Health Board and for your consideration of these comments. Please feel free to contact me with any questions or feedback.